PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10191/1821

CLAIMS AS FILED - PART I													
_			(Colu			(Column 2)			ENTITY		OTHER THAN		
TOTAL CLAIMS			9	9				TYPE		OF	SMAL	L ENTITY	
FOR .			NUMBE	NUMBER FILED		NUMBER EXTRA		RATE BASIC F			RATE		
Ī	OTAL CHARGE	EABLE CLAIMS	19	9 minus 20=		0			-	OF OF	BASIC FE	E · 710.00	
۱N	IDEPENDENT (CLAIMS	2 minus 3 =		*	. 0		X\$ 9=		OF	X\$18=	<u> </u>	
Ν	IULTIPLE DEPE	ENDENT CLAIM I						X40=		OR	X80=		
*	If the difference	e in column 1 is	s less than	Zoro onter	"O" :			+135=		OR	+270=		
A	1 1 200 411	1	٠.	MENDED - PART				TOTAL		OR	TOTAL	710	
	W. W.	(Column 1)	AMENDE	:D - PAR (Colum		(Column 3)	7 4	SMALI	L ENTITY			THAN	
A		CLAIMS REMAINING		HIGHE	ST	(Column 3)	ı	SWAL			SWALL	ENTITY	
AMENDMENT A		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL	
NDN	Total	. 9	Minus	1.2l	9	= 22/		X\$ 9=	1 /	OR	X\$18=	FEE	
¥	Independent	1. d	Minus	1 3		= /	-	X40=	1/-			/	
. h 	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 	//	OR	X80=		
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, ,							Al	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	en e	
		(Column 1) CLAIMS		(Colum	n 2)	(Column 3)						a 1460 ki	
19		REMAINING		HIGHE NUMBI	ER :	PRESENT	Γ		ADDI-	7 1		ADDI-	
T Z		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	. 7	Minus	- 3c)	=		X\$ 9=	755	OR	X\$18=	FEE	
Z	Independent	· 2	Minus	3		=	H	X40=		100			
	FIRST PRESE	NTATION OF MU	JLTIPLE DE	PENDENT C	LAIM		F	A40=		OR	X80= \		
							Ŀ	+135=		OR	+270=		
				•			AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
_		(Column 1)		(Column	2) ((Column 3)							
-NDIMEIN C		CLAIMS REMAINING		HIGHES NUMBE	R	PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIOUS PAID FO	SLY	EXTRA		RATE	TIONAL	- 1	RATE	TIONAL	
	Total	*	Minus	**		= .	+	(\$ 9=	FEE			FEE	
	Independent		Minus	***		=	-	(40=	. *. * * *	OR	X\$18=	2 · · · · ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X80=	â	
' If	the entry in colum	nn 1 is less than the	antry in select	man O weeks 400			+	135=		OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL													
		ber Previously Paid					ound:	in the ana	ronriate have	A[ODIT. FEE L		
					••	G CHANDOI P	-4.14	uie app	ropnate box	in colur	nn 1.	ł	